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Missouri DIVISION OF MEDICAL SERVICES

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DENTAL FEE INCREASES

FY02 RATE ADJUSTMENTS

MANAGED CARE PROGRAM

DENTAL PROGRAM
PROCEDURE CODES

PRIOR AUTHORIZATION
REMOVED

ADA "FIELD 59" CLAIM FILING
REMINDERS

HANDICAPPING LABIO-
LINGUAL DEVIATION (HLD)
INDEX

FINISH RECORDS

BILLING REMINDER

FY02 DENTAL FEE INCREASES

or
(573) 751-2896

DENTAL FEE INCREASES

**Maximum Allowable fees
for FY 02 have increased for
many codes .**

FY02 RATE ADJUSTMENTS

The FY02 rate increase is effective retroactive to July 1, 2001. All dental claims for dates of service July 1, 2001 or after that have already been reimbursed will be automatically reprocessed on a future remittance advice. Providers will be reimbursed the lower of their billed charge or the Maximum Allowable fee.

MANAGED CARE PROGRAM

MC+ managed care health plans provide dental benefits to their enrollees. Funding appropriated for FY02 to increase dental fees will be passed through to providers in health plan networks, following contract amendments. Policy changes outlined in this bulletin apply to services provided to MC+/Medicaid beneficiaries who receive their dental services on a fee-for-service basis.

DENTAL PROGRAM PROCEDURE CODES

DMS has implemented the use of the American Dental Association's (ADA) procedure coding system found in the CDT-3 Users Manual version 2000 (CDT-3) coding book. Providers may bill either a Physicians' Current Procedural Terminology (CPT) code or the ADA procedure codes for oral exams and surgical procedures.

PRIOR AUTHORIZATION REMOVED

Prior Authorization (P.A.) is no longer required for the following services:

D0415, D0460, D2336,
D2954, D2970, D2980,
D3450, D4211, D4220,
D4240, D4249, D4260,
D4263, D4264, D4266,
D4267, D4270, D4271,
D4273, D4274, D4320,
D4321, D4355

Dentures/Partial Dentures

D5110, D5120, D5130,
D5140, D5211, D5212,
D5213, D5214

ADA "Field 59" CLAIM FILING REMINDERS

Show the quantity being billed when billing codes furnished on the same date of service. Billing each unit separately causes additional line(s) or claim(s) to deny.

D5520-D5650 show # of teeth
D5660 show # of clasps

Provider Communications
(800) 392-0938

D3430,D3450 *show # of roots*

D2953, D2957, D6976, D6977
show # of posts provided
D7471 *Show upper or lower,*
and right or left quadrant

HANDICAPPING LABIO- LINGUAL DEVIATION (HLD) INDEX

Effective immediately, DMS will use the HLD Index to assess medical necessity for orthodontic treatment and level of reimbursement. The Prior Authorization request form must include complete diagnostic orthodontic records and a written treatment plan. Providers must label the orthodontic records which must include at a minimum the provider's name or number, and the recipient's Medicaid/MC+ ID#, (DCN) and must be visible from the outside of the packaging (box, bubble wrap, etc.) in which they are submitted.

FINISH RECORDS

Effective immediately, providers are no longer required to submit finish records for the final quarterly payment for orthodontic treatment services. Providers must maintain the finish records as part of the patient's records and make them available upon request.

BILLING REMINDER

Providers should always bill using their usual and customary charge(s) to the general public for the service(s) being provided.

FY02 DENTAL FEE INCREASES

The following ADA codes are covered for both adults and children and pay the same fee for both adults and children .

X-rays

D0210	\$33.50
D0270	\$ 6.00
D0272	\$11.00
D0330	\$28.50

Prophylaxis

D1110	\$26.75
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Fluoride

D1204	\$10.00
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Restorations

D2110	\$26.00
D2130	\$40.00
D2131	\$42.00
D2140	\$29.00
D2150	\$37.00
D2160	\$45.00
D2161	\$54.00
D2330	\$36.00
D2331	\$46.00
D2332	\$56.00
D2335	\$67.00
D2385	\$40.00
D2386	\$53.50
D2387	\$70.00
D2910	\$23.00
D2920	\$23.00

Crowns

D2930	\$66.00
D2931	\$79.50

D2932	\$79.50
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D2940	\$24.00
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Pulpotomy

D3220	\$41.50
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Root Canal Therapy

D3310	\$161.00
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D3320	\$194.00
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D3330	\$241.00
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Endodontics

D3346	\$172.50
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D3347	\$202.50
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D3348	\$272.50
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Apicoectomy/Periradicular

D3410	\$140.50
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D3421	\$140.50
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D3425	\$140.50
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Periodontics

D4210	\$135.00
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Denture Repairs/Rebase/Reline

D5510	\$48.50
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D5520	\$40.50
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D5610	\$48.00
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D5630	\$66.00
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D5640	\$41.00
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D5650	\$52.00
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D5660	\$68.00
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D5710	\$157.00
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D5711	\$155.25
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D5721	\$149.00
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D5730	\$81.00
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D5731	\$81.00
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D5740	\$81.00
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D5741	\$81.00
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D5750	\$123.50
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D5751	\$123.50
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D5760	\$123.50
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D5761	\$123.50
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Partial Denture (1 per lifetime)

D5820	\$286.00
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D5821	\$286.00
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D6930	\$35.00
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Extractions

Use D7120 for each additional

tooth in same quadrant.

D7110	\$34.00
D7120	\$32.00
D7220	\$74.00
D7230	\$93.00
D7240	\$112.50
	0
D7241	\$132.00
	0

Other Services

D7960	\$83.50
D7970	\$91.00
D9110	\$24.00

D9241 *IV sedation 1st 30 min*

\$242.00

D9910	\$10.00
D9951	\$39.00

The following ADA codes are only covered for age 0-20, (except ME code 76 - 79).

D0340 - X-ray	\$28.50
D0350 - X-ray	\$14.50
D1203 - Fluoride	\$10.00
D1351 - Sealants/tooth	\$19.00

(Bill all teeth with D1351)